

Registered pharmacy inspection report

Pharmacy Name: Asif's Pharmacy, 38D Alvi House, Alum Rock Road, Birmingham, West Midlands, B8 1JA

Pharmacy reference: 9011974

Type of pharmacy: Community

Date of inspection: 29/08/2023

Pharmacy context

This community pharmacy is on a main road in the Alum Rock area of Birmingham. People who use the pharmacy are from the local community and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it provides some other NHS funded services. The pharmacy team dispenses medicines into multi-compartment compliance packs for people to help make sure they remember to take them.

Overall inspection outcome

✓ **Standards met**

Required Action: None

Follow this link to [find out what the inspections possible outcomes mean](#)

Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy manages the risks associated with its services to make sure people receive appropriate care. Members of the pharmacy team follow written procedures to make sure they work safely, and they complete tasks in the right way. They discuss their mistakes so that they can learn from them. And the team members understand their role in protecting vulnerable people and they keep people's personal information safe.

Inspector's evidence

The pharmacy had moved to its current location in November 2022. It had relocated from a premises across the road. The old premises had been operating for a number of years and was well-established. The new premises had been fitted out to a high standard and it was much brighter and more modern than the previous premises.

A range of standard operating procedures (SOPs) were in place which covered the activities of the pharmacy and the services provided. The SOPs had been reviewed and updated at regular intervals by the superintendent (SI). The last SOP review had been done by the SI in December 2022. The SOPs had an index and numbered dividers so that they were easy for the pharmacy team to refer to. Signature sheets were used to record staff training, and roles and responsibilities were highlighted within the SOPs.

A near miss record book was available. The pharmacy team had decided that a record book was more convenient for them to use as it reduced the risk of loose pages being mislaid. Near misses were discussed with the team member involved to ensure they learnt from the mistake. The pharmacy team gave some examples of different types of mistakes and demonstrated some examples of how the dispensary layout had been adapted to try and avoid the same mistake happening again. There was an SOP for investigating dispensing incidents. An annual patient safety review was carried out as part of the NHS Pharmacy Quality Scheme (PQS) submission.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. There were processes in place to manage any requests for over the counter high-risk medicine, such as medicines that contained codeine.

The pharmacy's complaints process was explained in the SOPs and on a poster in the shop. People could give feedback to the pharmacy team verbally or in writing. The pharmacy team members tried to resolve issues that were within their control and involved the SI if they could not reach a solution. The SI had installed a back door to the pharmacy with a hatch when they had designed the new pharmacy so that people could collect prescriptions from there. It was useful as people could bring their car to the back door to collect bulky or heavy prescriptions. The hatch was used several times to hand out prescriptions during the inspection and was an alternative to coming into the shop.

The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist (RP) notice was clearly displayed, and the RP log met requirements. Controlled drug (CD) registers were in order and two random balance checks matched the balances recorded in the register. Patient returned CDs were recorded in a register. Private prescription records were seen to comply with requirements.

Confidential waste was stored separately from general waste and destroyed securely. The pharmacy team members had their own NHS Smartcards and they confirmed that passcodes were not shared. The privacy notice was displayed in the shop. The SI had completed level three training on safeguarding, and the rest of the team had completed some basic safeguarding training. There was a list of local safeguarding teams available. A member of the team answered hypothetical questions about safeguarding correctly.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. The team members plan absences in advance, so the pharmacy has enough cover to provide the services. They work well together in a supportive environment, and they can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of the SI (RP at the time of the inspection), three dispensing assistants, a trainee dispensing assistant, two medicines counter assistants and a trainee medicines counter assistant. Home deliveries were carried out by a delivery driver. The SI reported that she was comfortable with the current staffing levels and that she was able to recruit additional staff if the business were to require them.

Pharmacy team members had completed some ongoing training and training needs were identified to align with the NHS PQS requirements. The team members enrolled on accredited training courses were working through their training materials and were on track to complete the course requirements within the time frame specified by the course provider. The team discussed any pharmacy issues as they arose and held huddles within the dispensary during quieter times.

Annual leave was requested in advance and the team had agreed that a maximum number of people could be off at any one time. Annual leave was managed by a dispensing assistant, and he arranged any changes to the rota when people were on holiday. The pharmacy was a family-run business, and several members of the pharmacy team were usually available to work additional hours and carry out extra duties to ensure the pharmacy ran smoothly.

The pharmacy team worked well together during the inspection and were observed helping each other and moving from their main duties to help with more urgent tasks when required. The pharmacy staff said that they could raise any concerns or suggestions with any of the pharmacists and felt that they were responsive to feedback. Team members said that they would speak to other members of the team, or GPhC if they ever felt unable to raise an issue internally. The SI was observed making herself available throughout the inspection to discuss queries with people and giving advice when she handed out prescriptions, or with people on the telephone. Targets for professional services were not set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy, and it provides a suitable environment for the delivery of healthcare services. It has a consultation room, so that people can speak to the pharmacist in private when needed.

Inspector's evidence

The premises were equipped to a high standard and well maintained. Any maintenance issues were reported to the SI and various maintenance contracts were in place. The dispensary was an adequate size for the services provided and an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops and there was ample space to store completed prescriptions.

The dispensary was clean and tidy. The pharmacy was cleaned by pharmacy staff. Hot and cold running water, hand towels and hand soap were available. The pharmacy had air conditioning and the temperature in the dispensary felt comfortable during the inspection. Lighting was adequate for the services provided.

There was a private soundproof consultation room which was signposted. The consultation room was basic but professional in appearance. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are easy for people to access. It manages its services and supplies medicines safely. The pharmacy obtains its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use.

Inspector's evidence

The pharmacy had a small step up from the pavement and a home delivery service was offered to people who could not access the pharmacy. The pharmacy staff referred people to local services when necessary. They used local knowledge and the internet to support signposting. There was a health information zone, with various health promotion leaflets in the shop. Pharmacy staff were observed speaking to patients in different languages throughout the inspection. Staff could speak to patients in English, Bengali, Mirpuri, Punjabi, and Urdu.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Different coloured baskets were used to prioritise certain prescriptions. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. The team were aware of the risks associated with the use of valproate during pregnancy, and the need for additional counselling. Patient cards and counselling materials were available. Brightly coloured reminder cards were attached to high-risk medicines, such as sodium valproate and warfarin, to remind the team of the additional counselling that was required.

Multi-compartment compliance packs were used to supply medicines for some people. Prescriptions were ordered in advance to allow for any missing items or changes to be queried with the surgery ahead of the intended date of supply. Each person had a record sheet to show what medication they were taking and when it should be packed. Notes about prescription changes and queries were kept on the patient medication record. A sample of dispensed compliance packs that were waiting to be delivered were labelled with descriptions of medication, and patient information leaflets (PILs) were supplied every month.

Date checking took place regularly and no out of date medication was seen on the shelves during the inspection. Short-dated medicines were clearly marked and removed prior to expiration. Medicines were stored in an organised manner on the dispensary shelves. All medicines were observed being stored in their original packaging. Liquid medicines with limited stability once they were opened were marked with a date of opening. Patient returned medicines were stored separately from stock medicines in a designated area. Medicines were obtained from a range of licenced wholesalers and the pharmacy was alerted to drug recalls via emails from the Medicines and Healthcare products Regulatory Agency (MHRA).

The controlled drug cabinets were secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Substance misuse prescriptions were dispensed before the person was due to collect them and stored securely in the CD cabinet. Fridge temperature records were maintained, and records showed that the pharmacy fridges were working within the required temperature range of 2°C and 8°Celsius.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And the team uses it in a way that keeps people's information safe.

Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the British National Formulary (BNF) and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures and counting triangles were available. Computer screens were not visible to members of the public as they were excluded from the dispensary. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

What do the summary findings for each principle mean?

Finding	Meaning
✔ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✔ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✔ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.